

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2016
NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Initial Complaint Investigations #1613671 / IL 86677 #1613725 / IL 86738 #1613849 / IL 86889 #1613945 / IL 86996	S 000		
S9999	Final Observations Statement of Licensure Violations: Section 300.1020 Communicable Disease Policies c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations. This requirement was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the local health department and state department were promptly notified of residents treated for a communicable disease. This applies to 3 of 3 residents (R1, R2, R3) reviewed for communicable disease in the sample of 3, and 24 residents in the supplemental sample (R4 - R16, R19, R21, R24, R25, R31, R34, R36, R40, R52, R54, R60, R61). The findings include: On July 1, 2016 at 5:00 PM, 13 residents were	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/08/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/20/2016
NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 1 observed in the smaller dining room on the 2nd floor. The residents were observed with red rashes and notable itching while trying to eat the evening meal. In the larger dining room on the 2nd floor, R2 and R3 were seated at the circular table in the center of the dining room with 3 other residents. R2 and R3 were observed actively itching their scalp, face and arms. R4 was observed seated at a table near the far window and was vigorously scratching her head while being assisted to eat. On July 1, 2016 at 7:25 PM, E4 (DON) presented a resident roster of the residents that were treated the evening before (June 30/July1). Two residents reside on the first floor and 19 on the second floor. E4 stated she talked to Z3 (Physician Assistant) about the confirmed diagnosis of scabies from R1. E4 was uncertain if there were any unidentified cases in the facility as a house wide resident skin check had not been initiated. On July 1, 2016 at 5:45 PM, E6 (Registered Nurse - RN) stated, " I first saw the rash on a resident last year, who has since passed. " On July 12, 2016, E4 (Director of Nursing - DON) stated the facility had treated a few residents for scabies prior to receiving the confirmed scraping on June 30, 2016. E4 stated the county health department was not notified because they were isolated cases, and not considered an outbreak. On July 13, 2016 at 12:30 PM, E17 (CNA) stated she was aware of a resident with a scabies rash in October 2015. E17 stated the facility staff told her it was not scabies, but that she was allergic to the carpet when it was being pulled up. Then later when the rash continued, the facility said it was dermatitis. E17 stated then the staff started getting rashes. Another CNA told her she was treated for scabies by her doctor in June 2016. E17 stated the employee skin rash was reported	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/20/2016
NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 2 to E4 (DON). On July 13, 2016 at 10:15 AM, Z5 (local county health department nurse) stated the first communication she received from the facility that they were treating for scabies was on June 30, 2016. Z5 stated the office has had no communication from the facility about scabies from October 15, 2015 until June 30, 2016.	S9999			
	(B)				